



## COMMONWEALTH OF MASSACHUSETTS

### Authorization for Electronic Funds Transfer Payments

I, \_\_\_\_\_, hereby authorize the Commonwealth of Massachusetts, through the State Treasurer, to deposit funds due into the account at the bank named below. The State Treasurer is also authorized to debit my account only to adjust any overpayment which has been made to my account.

#### VENDOR BANK INFORMATION

Bank Name: \_\_\_\_\_

Bank Transit Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_

#### VENDOR INFORMATION

Tax Identification Number (TIN): \_\_\_\_\_

Name on Account: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State MA Zip: \_\_\_\_\_

This authorization will remain in effect until either canceled in writing or an updated form changing information is sent to the Department you currently do business with.

AUTHORIZED SIGNATURE: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach voided check here.**



Bank Transit Number

Bank Account Number